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ASA-919

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

T. YAMADA et al

Serial No. 09/648,613

Group Art Unit: 2622

Filed: August 28, 2000

Examiner: S. EBRAHIMI-
DEHKORDY

For: COLOR PRINTING APPARATUS

RECEIVED

NOV 26 2004

Technology Center 2600

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed May 18, 2004,
please amend the above-identified application follows.



In RE application of T. **AMADA** et al
Serial No.: 09/648,613

Filed: August 28, 2000

For: COLOR PRINTING APPARATUS

PATENT

Case Docket No. ASA-919

Group Art Unit: 2622

Examiner: S. EBRAHIMI-DEHKORDY

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Technology Center 2600

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 13	Minus	** 20	=	0
Indep.	* 2	Minus	*** 3	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☒ A check in the amount of \$ 0.00 is attached in payment of:
CREDIT CARD FORM FOR \$980.00-3 MONTH EOT
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

MATTINGLY, STANGER & MALUR, P.C.
1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
(703) 684-1120

Date: November 18, 2004

By:

John R. Mattingly
John R. Mattingly
Registration No. 30,293

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner For Patents and Trademarks,
Alexandria, VA 22313-1450

on Nov 18 '04, by *John R. Mattingly*